TRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007) Statement C									Page	of	Pag	jes		
CLAIMANT'S NA	AME		SSN or EMPLOYEE NUMBER*					Page of Pages DEPARTMENT						
POSITION			CB/IE) No.		DIVISION or	BUREAU					INDEX NU	MBER	
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS					TELEPHON		
CITY		STAT	E ZIP C	ODE		CITY					STATE	ZIP (ODE	
(1) NORMAL WC	DRK HOURS					(2) PRIVATE V	EHICLE LIC	ENSE NUI	MBER	(3) M	LEAGE RATE	CLAIMED		
(4) MONTH/YEAR (6) (7) (8)				MEALS		(9) (10)			TRANSPORTATION			(11)	(12)	
	LOCATION WHERE EXPENSES		BREAK-		O.T., L/		(A) COST OF	(B) TYPE			(D) PRIVATE CAR USE		TOTAL EXPENSES	
DATE TIME	- WERE INCURRED	LODGING	FAST	LUNCH	OR DINNE	TALS	TRANS.	USED	TOLLS, PARKING	MILES		EXPENSE	FOR DAY	
(13)														
	SUBTOTALS													
COLUMN	CODE (ACCTG. USE ONLY	<u>') </u>												
	CLAIM TOTAL													
(14) PURPOSE	OF TRIP, REMARKS AND DETAILS (Attach receipts/v	ouchers whe	n required)						А	GENCY AC		OFFICE	
										PAID	BY REVOLVIN	SE ONLY IG FUND CHE	CK NUMBE	
(15)								. ,,						
used, a SAM Se	BY CERTIFY That the above is a true nd if mileage rates exceed the minimulations 0750, 0751, 0752, 0753 and 07	e statement of th um rate, I certify 754 pertaining to	e travel expe that the cost vehicle safety	enses incurred of operating to and seat be	a by me in the vehicle It usage.	accordance wi was equal to o	in DPA rules or greater thai	in the ser n the rate	vice of the State claimed, and tha	ot Califo t I have r	rnıa. It a priva net the require	itely owned ve ments as pre	enicle was scribed by	
CLAIMANT'S SI			DATE						NG TRAVEL ANI			ATE		
∑a ≤					1									

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

STATE ZIP CODE CITY STATE ZIP CODE CITY STATE ZIP CODE CA 95814		Send			Data	Cle	ar	Print		Impor	tant Note					
DMHC DMHC POSITION CBID No. DIVISION or BURRAU DIVISION or B	TRA	VEL I	EXPENSE CLAIM	INEL ADMINIS	STRATION							Page	1of_	1 Pag	jes	
DIRECTOR								SSN or EMPL	OYEE NUMI	BER*						
HEADQUARTERS ADDRESS TELEPHONE NUM 322-2012 322	-		CHINES		CB/ID	No.		DIVISION or	BUREAU			DIVIE	iC	INDEX NU	MBER	
STATE ZIP CODE CITY STATE ZIP CODE CITY STATE ZIP CODE CA 95814	DIRECTOR NON															
CITY STATE ZIP CODE CA SACRAMENTO CA 95814	RESIDENCE ADDRESS *										FE 500	TELEPHONE NUMBE				
(2) PRIVATE VEHICLE LICENSE NUMBER (3) MILEAGE RATE CLAIMED	CITY STATE ZIP CODE CITY STA													ZIP CODE		
(4) MONTH/YEAR (6) LOCATION WHERE EXPENSES WERE INCURRED LODGING FAST LUNCH PORT FAST LUNCH PORT FAST LUNCH PORT TALS DINNER TALS													SEE OF SEE	200 B		
Nov. 16	(1) NOR	MAL WO	RK HOURS				(2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED		
Column C	(6)			(7)	(8)	MEALS		(9)	(10)	TRANSPORTA		TION		(11)	(12)	
Column C	Nov	. 16	WHERE EXPENSES	}	DDEAK			2	(A)	(B) (C)				BUOMESS	TOTAL EXPENSES	
16	DATE		WERE INCORRED	LODGING		LUNCH	OR	TALS		USED	TOLLS,				FOR DAY	
1433 13.00 18 0730 Sacramento to San Diego 10.00 18.00 SC/A 15.00 0.00 43 19 Los Angeles to Sacramento 6.00 10.00 6.00 A/SC 15.00 0.00 37 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	16	0700	Sacramento to Ontario							SC/A			0.00		0.00	
19 Los Angeles to Sacramento 6.00 10.00 6.00 A/SC 15.00 0.00 37	16	1433	Ontario to Sacramento							A/SC	15.00		0.00		15.00	
1830 0.00 10.00 0.00 13.00 0.00 37 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	18	0730	Sacramento to San Diego			10.00	18.0	0		SC/A	15.00		0.00		43.00	
0.00	19	1830	Los Angeles to Sacramento		6.00	10.00		6.00		A/SC	15.00		0.00		37.00	
0.00													0.00		0.00	
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0.00	10												0.00		0.00	
SUBTOTALS 0.00 6.00 20.00 18.00 6.00 0.00 45.00 0.00 0.00 95	(13)	20	SUBTOTALS	0.00	6.00	20.00	18.0	6.00	0.00		45.00	0.00	0.00	0.00	95.00	
COLUMN CODE (ACCTG. USE ONLY)	CO	LUMN	CODE (ACCTG. USE ONLY)													
CLAIM TOTAL \$95	6	10	CLAIM TOTAL												\$95.00	
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AGENCY ACCOUNTING OFFICE	DAME ADDRESS		pada - Harrimonia on Databou Pada Camanda Pada Camanda Da Camanda Camanda - Marina			SOC PORTUGUES OF THE						AC			OFFICE	
11/16 - Attended a meeting with Adventist Health & Loma Linda University Medical Center in Ontario. 11/18 - Meeting with Don Crane - CEO of California Association of Physicians Group. PAID BY REVOLVING FUND CHECK NUM										er in C	ntario.	DAID	2000		CK NUMBED	
Attended 2009 IHA Board of Directors Annual Leadership Meeting in Marina del Rey.	Atten	ded 20	009 IHA Board of Director	s Annual	Leadersh	ip Meeti	ng in M	farina del	Rey.			PAIDE	T REVOLVIN	G FUND CHE	CK NUMBER	
Rode with someone from San Diego airport to Marina del Rey who attended IHA Meeting. 11/19 - Attended 2009 IHA Board of Directors Annual Meeting.							no atten	ded IHA	Meeting.							
EC. 1999 150 000 150 000 150 150 150 150 150 150						 	4.4		0.000							
Please note: The Director parks in short-term parking, as a reasonable accommodation	Pleas	e note	: The Director parks in sh	ort-term p	oarking, a	s a reasc	onable a	ccommod	lation							
145) 1 HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by	(15)	HEREI	BY CERTIFY That the above is a true s	tatement of th	e travel exper	nses incurred of operating the	by me in a	accordance with	h DPA rules r greater than	in the sei	vice of the State	of Califor	nia. If a priva	tely owned ve	ehicle was scribed by	
SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. CLAIMANT'S SIGNATURE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE	SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle sa					and seat belt	t usage.						T			
	A A A A A A A A A A A A A A A A A A A															
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) DATE	18	ECIAL EX	XPENSE AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)							DA	ATE .		